Sabstitute per letter dated 12/20/9)

ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 1 OMB NO.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Nebraska State: GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION Agency* Citation(s) Groups Covered The following groups are covered under this plan. A. Mandatory Coverage - Categorically Needy and Other Required Special Groups IV-A 42 CFR 435.110 1. Recipients of AFDC The approved State AFDC plan includes: /X/ Families with an unemployed parent for the mandatory 6-month period and an optional extension of N/A months. No time limit. <u>/x/</u> Pregnant women with no other eligible children. /X/ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training. The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A. TV-A 42 CFR 435.115 2. Deemed Recipients of AFDC a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10. *Agency that determines eligibility for coverage. TN No. MS-91-24 Approval Date -1.5Effective Date 1001

HCFA ID: 7983E

Supersedes

TN No. (new page)

Attachment 2.2-A Page 1a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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ELIGIBILITY UNDER SECTION 1931 OF THE ACT		
The state covers low-income families and children under section 1931 of the Act.		
The following groups were included in the AFDC State Plan effective July 16, 1996:		
X Pregnant women with no other eligible children.		
X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.		
In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.		
In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications.		
The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:		
NA		
The agency applies higher income standards than those in effect as of July 16, 1996, increase by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:		
NA NA		
The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:		
NA		
Transmittal # MS-97-05		
Supersedes Approved APR 1 1 1998 Effective 10/1/96		
Transmittal # (now page)		

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

- _X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996 as follows:
- 1. For purposes of the 185% gross income test, all income in excess of 185% of the Standard of Need will be disregarded, effective 10-1-97.
- 2. When determining resources eligibility an additional \$3,000 for a one person ADC unit and \$5,000 for two or more shall be disregarded to assist families to become self-sufficient, effective 7-1-97.
- 3. When determining countable resources, the total value of one car used for employment or medical transportation will be disregarded, effective 7-1-97.
- 4. When determining countable resources, the cash value of Life Insurance policies will be disregarded, effective 7-1-97.
- 5. When determining available income up to \$10 interest income per month, per source, per individual will be disregarded, effective 7-1-97.
- 6. When determining available income, disregard any grant, scholarship, or work study to a student of any age, effective 7-1-97.
- 7. Lump sums are considered resources in the month of receipt or report and resources thereafter, with the exception of the benefit payments listed below which are disregarded for six months and counted as resources thereafter,, unless it is to the client's benefit to treat these payments under the previous methodologies. The benefit payments are: Black Lung; Civil Service Pension; Disability Benefits Employer/Insurance; Retirement Pension Employment; Military Retirement; Railroad Retirement; Social Security; Veterans Pension/Compensation; and Workers Compensation.

Transmittal # MS-97-05

Supersedes

Approved APR 1 1 1998 Effective 10/196.

Attachment 2.2-A Page 1c

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ELGIBILITY UNDER SECTION 1931 OF THE ACT

<u>.</u>...

- 8. For Grandparent deeming, subtract 300% of the Federal Poverty Level for the family size before deeming income to the minor parent, effective 7-1-97.
- 9. Earnings of children working are disregarding, effective 7-1-97.
- 10. Disregard earned income as follows: the first 20% of gross earning; child care as billed or paid up to earned income; in addition earned income equal to the following for the corresponding family size is disregarded, effective 10-1-97:

Family Size	Earned Income Disregarded
1	\$143
2	157
3	171
4	185
5	199
6	213
7	227
8	241
9	255
10	269

Transmittal # MS-97-05

APR 1 1 1998

Supersedes

Approved _____

Effective 10/1/96

Substitute per letter dated 21998 "

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ELGIBILITY UNDER SECTION 1931 OF THE ACT

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

NA

The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Transmittal # MS-97-05

Supersedes

Approved PR 1 1 1998

Effective 10 1 96

(BPD) ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 Page 2 AUGUST 1991 OMB NO .: 0938-State: Nebraska Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 2. Deemed Recipients of AFDC. IV-A b. Effective October 1, 1990, participants in 1902(a)(10)(A)(i)(I) of the Act a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act. 402(a)(22)(A) c. Individuals whose AFDC payments are reduced to zero by reason of recovery of the Act of overpayment of AFDC funds. d. An assistance unit deemed to be receiving 406(h) and 1902(a)(10)(A) AFDC for a period of four calendar months because the family becomes ineligible for (i)(I) of the Act AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act. 1902(a) of e. Individuals deemed to be receiving AFDC who meet the requirements of section the Act 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster

*Agency that determines eligibility for coverage.

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title IV-E of the Act.

care maintenance payments are being made under

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Page 2a

AUGUST 1991 State:_

Nebraska

OMB NO.: 0938-

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 407(b), 1902 (a)(10)(A)(i)and 1905(m)(1) of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

/ X/ Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

IV-A 1902(a)(52) and 1925 of the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

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AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

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OMB NO.: 0938-

Nebraska State:__

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A

42 CFR 435.113

- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from --
 - Stepparents who are not legally liable for (1)support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - Legal guardians; and (3)
 - Individual alien sponsors (who are not (4)spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

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Revision:	HCFA-PM-91- 1991		ATTACHMENT 2.2-A Page 3a OMB NO.: 0938-
	State:	Nebraska	OND NO 0936-
Agency*	Citation(s)		Groups Covered
	λ.	Mandatory Coverage - Required Special Grou	Categorically Needy and Other ups (Continued)
42 CF	R 435.114	the increase in Ol (July 1, 1972), wh	ould be eligible for AFDC except for ASDI benefits under Pub. L. 92-336 no were entitled to OASDI in August receiving cash assistance in
		for cash ass August 1972	rsons who would have been eligible sistance but had not applied in (this group was included in this ust 1972 plan).
	•	for cash ass medical inst facility (th	rsons who would have been eligible sistance in August 1972 if not in a titution or intermediate care his group was included in this list 1972 plan).
			ole with respect to intermediate ties; State did or does not cover
1902(a)(1 (A)(i)(II and 1905(the Act	I)	7. Qualified Pregnant a. A pregnant woman medically verified to the second seco	an whose pregnancy has been

*Agency that determines eligibility for coverage.

(1)

TN No. MS-92-1	Approval Date	100 1 0 1992	Effective	Date <u>NOV 0 1 1931</u>
Supersedes		Al III -		
TN No. MS-91-24			HCFA ID:	7983E

Would be eligible for an AFDC cash payment if the child had been born and was living with her;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Nebraska	
	COVERAGE AND CONDITIONS OF ELIGIBILITY	
Citation(s)	Groups Covered	

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
 - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date)
who are under age 19 and who would be
eligible for an AFDC cash payment on the
basis of the income and resource
requirements of the State's approved
AFDC plan.

TN No. MS-92-3
Supersedes
TN No. MS-91-24

Approval Date APR 0 8 1992 Effective Date JAN 0 1 1992